CAMP KIRK

ANAPHYLAXIS EMERGENCY PLAN

NAME: _____

CABIN: _____

This person may have a life threatening allergy to:

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Epinephrine Auto-Injector

Expire Date: _____

Location of Primary Epi-Pen: _____

Location of Back-Up Epi-Pen: _____

HEALTH PROFILE

☐ **Previous anaphylactic reaction:** persona is at greater risk

☐ **Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication

SPECIAL PROTOCOL TO FOLLOW AT CAMP

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